	Yes ☐ No ☑	t child t Ethics.	Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	"unearned" inco	m this report any other assets, three tests for exemption? Do	Have you excluded fro because they meet all	Exemptions	
1.4	Yes No 🗸	be	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	y the Committee of such a trust	alified Blind Trusts* approved b xcluded from this report details	Details regarding "Quadisclosed. Have you e	Trusts	
	SNO	JESTIO	TION ANSWER EACH OF THESE QUESTIONS	INFORMAT	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER	F SPOUSE, DEP	CLUSION O	Ш
		. 	schedule attached for each "Yes" response.			If yes, complete and attach Schedule V.	If yes, complete a	
	the appropriate	red and	Each question in this part must be answered and the appropriate	Yes V No	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Did you, your spouse, or a dependent child have than \$10,000) during the reporting period?	Did you, your spous than \$10,000) during	<u>.</u>
			If yes, complete and attach Schedule IX.			If yes, complete and attach Schedule IV.	If yes, complete a	
	Yes No	an outside	Did you have any reportable agreement or arrangement with an outside IX. entity?	☐ 8 S	ase, sell, or exchange any 00 during the reporting Yes	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting	Did you, your spous reportable asset in a	₹.
			If yes, complete and attach Schedule VIII.			If yes, complete and attach Schedule III.	If yes, complete	
	the Yes ✔ No	of filing in th	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	No -	Yes	Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the and of the restor?	Did you, your spous more than \$200 in the	
			If yes, complete and attach Schedule VII.			If yes, complete and attach Schedule II.	If yes, complete a	
	xel or 50 Yes ∏ No 🗸	rtable trave re than \$350	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Did any individual or organization make a donation to charity in lieu of paying Yes	Did any individual or organization make a donation to charity in you for a speech, appearance, or article in the reporting period?	Did any individual o you for a speech, ap	F.
			If yes, complete and attach Schedule VI.			If yes, complete and attach Schedule I.	If yes, complete a	
	se Yes No 🗸	rtable gift ir ot otherwise	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Yes 🗍 No 🗸	g., salaries or fees) of \$200	Did you or your spouse have "earned" income (e. or more from any source in the reporting period?	Did you or your spo or more from any so	.1
			UESTIONS	THESE Q	- ANSWER EACH OF THESE QUESTIONS	PRELIMINARY INFORMATION	RELIMINARY	P
	more than 30 days late.	mor late.	l ermination Date:	Termination	☐ Amendment ☐	Annual (May 15)	Report Type	
	anyone who files	⊥ any)	
	be assessed against	be a	Employee	<u> </u>	atives District: 03	House of Representatives	ss —	
	A \$200 penalty shall	A \$2	Officer Or Employing Office:	Q	State: TX	Member of the U.S.	Filer	
HWES 74	U.S. COMICSE DISPRESENTATIVES	U.S.((Daytime Telephone)		(Full Name)	(F		
95	2012 MAY 15 PH 4: 56	20	202-225-4201		Samuel Robert Johnson	Samuel F		
EM I E C	FI CON CHAR NESCONCE CENTER	ſ						
Ü	DELIVERED		FORM A Page 1 of 4 For use by Members, officers, and employees	TVES	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	ATES HOUSE (INITED STA	
		j						1

	1	—		If you so choose, you may indic spouse (SP) or dependent child optional column on the far left.	Exclude: Your per (unless there was r \$5,000 or less in a in, or Income deriv Savings Plan.	For an ownership in state the name of the location in Block A.	For rental or other	ASSET and/or Inc Identify (a) each asset held for inves value exceeding \$1,000 at the end of reportable asset or sources of incor "unearned" income during the year. Provide complete names of stocks a For all IRAs and other retirement pla (i.e.,plans in which you have the pov investments), provide the value for a reporting thresholds. For retiremen only the name of the institution hold reporting period.	SCHEDULE
Texas A&M Press	Legacy Bank	Franklin Gold	Congressional Federal Credit Union	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For remtal or other real property held for investment, provide a complete address.	BLOCK A ASSet and/or income Source Lidentify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	SCHEDULE III - ASSETS AND "UNEARNED" INCOME
Indefinite	\$1,001 - \$15,000	\$15,001 - \$50,000	\$1,001 - \$15,000					Pear-End Year-End Year-End Year-End Year-End Year-End Year-End Type of I Check all column For retirement as do not allow you specific investm generate tax-defi fran asset was sold and is included only because it is generated income, the value should be "None." BLOCI Type of I Check all column For retirement as do not allow you specific investm generate tax-defi generated income, the value should be "None." BLOCI Check all column For retirement as do not allow you specific investm generate tax-defi generated income, the as income. Check the asset generate during the report	_
Royalties	INTEREST	CAPITAL GAINS	INTEREST					BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	
\$201 - \$1,000	\$1 - \$200	\$1,001 - \$2,500	\$1 - \$200					Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was samed or generated.	
								BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.	

SCHEDULE V - LIABILITIES

Name Samuel Robert Johnson

Page 3 of 4

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgates on personal residences.

\$50,001 - \$100,000	Mortgage on #17 Sierra Rlanca Circle Angel Fire NM	February	The Independent Bankers Bank	Ţ
	75074	_		
	Havencrest Drive, Plano, TX	2004		
\$100,001 - \$250,000	Mortgage on 7105	December	View Point Bank	TL
Amount of Liability	Type of Liability	Incurred	Creditor	JT
		Liability		DC,
		Date		SP,

SCHEDULE VIII - POSITIONS

Name Samuel Robert Johnson

Page 4 of 4

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Regents	Smithsonian Institution, Washington, DC
Board Member	Institute in Basic Life Principles, Oak Brook, IL